

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041883

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10344

STATE FILE NUMBER

FILED OCT 31 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>St. Louis</u> TOWN		c. CITY OR TOWN <u>Ellisville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>101 Flesher Dr.,</u>	

3. NAME OF DECEASED (Type or print) First <u>ALF</u> Middle <u>ANTHONY</u> Last <u>OLDFIELD</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>16</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 31, 1884</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Dewsbury, England</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Alfred Oldfield</u>	13b. MOTHER'S MAIDEN NAME <u>Unk</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret B. Oldfield</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT <u>Mrs. Roy Hoff, 128 Fiesta Circle, Creve Coeur 41, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema secondary to Pneumonia plus secondary toxic changes in the Epicardium; Following injuries suffered in auto accident in DesPeres, Mo., on or about August 12th, 1963. Cause and manner of</u> DUE TO <u>same could not be determined.</u>		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Open Verdict</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Open Verdict</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See Above</u>
20c. TIME OF INJURY Hour <u>?</u> a.m. <u>?</u> p.m. <u>?</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>DesPeres, Missouri</u>	COUNTY <u>St. Louis</u>	STATE <u>Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 5:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Joseph M. Zund</u>	(Degree or title)	22b. ADDRESS <u>1300 Clair</u>	22c. DATE SIGNED <u>10-17-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 18, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peters,</u>	23d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>

24. FUNERAL DIRECTOR <u>Schrader's,</u>	ADDRESS <u>Ballwin, Mo.,</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 17 1963</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith. M.D.</u>
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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gene A. Hutchins

Licensed Embalmer No.

4966

P. O. Address

Floresant, New

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.